	tive on 12/0				Com	plete if Kno	wn	1
Fees pursuant to the Consolid				Application Num	ber 10/8	310,082		
FEE TR	AN	SMITI	AL [Filing Date	03/2	26/2004		
For FY 2008				First Named Inve	entor Rob	ert Doss Jr.		
Appliant plains and		C 27 OFF		Examiner Name	Brin	ey III, Walter		
Applicant claims small	entity sta	us. See 37 CFF	(1.27	Art Unit	261	5		
TOTAL AMOUNT OF PAY	MENT	(\$) 3 ア 孑 く	\circ	Attorney Docket	No. 02-1	1757		J
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 50-2315 Deposit Account Name: Plantronics, Inc. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES								
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)	
Utility	310	155	510	255	210	105		
Design	210	105	100	50	130	65		
Plant	210	105	310	155	160	80		
Reissue	310	. 155 .	. 510	255	620	310		
Provisional	210	105	0	0	0.	0		
2. EXCESS CLAIM FEE Fee Description Each claim over 20 (i		Reissues)				<u>Fee (\$)</u> 50	Small Entity Fee (\$) 25	

Ducii Ciuiiii C V	To (morading recise	.00,			
Each independent claim over 3 (including Reissues)				210	105
Multiple depend	lent claims	•	•	370	185
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	<u>Multiple De</u>	pendent Claims
20 or	HP = x		=	Fee (\$)	Fee Paid (\$)
HP = highest number	of total claims paid for, if gr	eater than 20.		•	

Fee Paid (\$)

- 3 or HP = HP = highest number of independent claims paid for, if greater than 3.

Extra Claims

APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee Paid (\$)

Total Sheets Number of each additional 50 or fraction thereof Extra Sheets (round up to a whole number) x

Fee (\$)

Indep. Claims

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): Petition fee under CFR 37 1.17(m)(\$1.540) and 5 month extension fee \$3770 SUBMITTED BY

Registration No. 53,528 Telephone 831-458-7490 Signature (Attorney/Agent) Date 6/30/2008 Name (Print/Type) Michael Rodirguez

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND						
1 Date of Request: 7 24 08 2 Serial/Patent # 10810082						
3 Please refund the following fee(s):			R 5 DATE ER FILED	6 AMOUNT		
Filing				\$		
/	Amendment			\$		
Extension of Time			7/7/08	\$ 2230.00		
Notice of Appeal/Appeal				\$		
Petition				\$		
	Issue			\$		
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·	Maintenance			\$		
	Assignment			\$		
	Other			\$		
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10 REASON:			/ Treasury Check			
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1	No Fee Due (Explanation):					
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11 REFUND REQUESTED BY:						
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